EXHIBIT 1

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Ca efile GRAPHIC print - DO NOT REQUESS AS Filed Data - 1 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Department of the

Treasu		enue Servie	<u> </u>	tor instructions and the	e latest iiii	ormacion.		Inspe	ction
				ning 09-01-2020 , and ending 08-	31-2021				
		applicable:	C Name of organization			D Employer	identifi	cation nur	mber
		change	Lake Ridge Parks and Recreation Ass	sociation Inc		54-09106	5 <i>4</i> O		ļ
		hange	Doing business as			—	340		
	itial re	eturn rn/terminate	Doing business as						
		rn/terminate ed return		ail is not delivered to street address) Room/	suite	E Telephone	number		
		ion pendin	12350 Oakwood Drivo	,		(703) 49:	1-2154		
			City or town, state or province, cour	ntry, and ZIP or foreign postal code		<u> </u>		-	-
			Lake Ridge, VA 221921928			G Gross rece	eipts \$ 7,3	365,440	
			F Name and address of principa	l officer:	H(a) I	s this a group retu	ırn for		
			Janet Foote 2803 Mt Airy Ct		I	ubordinates?		□yes	s ☑ No
			Lake Ridge, VA 22192		Н(b) А	re all subordinate	s		s 🗆 No
I Ta	x-exe	mpt status		(insert no.) 4947(a)(1) or 527	1	ncluded?		1	
	l = l= =?			(insert no.)		f "No," attach a lis iroup exemption n			ns)
) W	ebsi	te: > w	ww.lakeridgeva.com		1.,(5)	noup exemption n	iullibel i		
			n: 🗹 Corporation 🔲 Trust 🔲 Asso		L Year of	formation: 1972	M State o	f legal don	nicile: VA
K FOI	m or a	organizatio	n: 🗷 Corporation 🗀 Trust 🗀 Asso	clation					
P	art I	Sun	nmary				-		
	1	Briefly de	escribe the organization's mission o	r most significant activities:					-
ψ.		Maintena	ance of commonly owned property					<u> </u>	
Activities & Governance	1 :					· · · · · · · · · · · · · · · · · · ·			
Ě									
9 <u>4</u>	2	Check t	his box $\blacktriangleright \Box$ if the organization dis	continued its operations or disposed of	more than	25% of its net ass	sets.		
Ü	3			g body (Part VI, line 1a)			3		9
≫ 5	4	Number	of independent voting members of	the governing body (Part VI, line 1b)			4	İ	9
£	5	Total nu	ımber of individuals employed in cal	lendar year 2020 (Part V, line 2a) .			5		64
Ξ	6	Total nu	ımber of volunteers (estimate if neo	essary)			6	-	9
¥	7a	Total un	related business revenue from Part	VIII, column (C), line 12			7a		0
	Ь	Net unr	elated business taxable income fron	Form 990-T, line 39			7b		0
						Prior Year	1	Current	Year
	8	Contribu	utions and grants (Part VIII, line 1h)			6,083,54	8		6,673,225
Ravenue	9	Program	n service revenue (Part VIII, line 2g)			152,64	4	i	131,418
A.	10	Investm	nent income (Part VIII, column (A), li	ines 3, 4, and 7d)	<u> </u>	179,67	'6		124,150
Œ			evenue (Part VIII, column (A), lines !	· · · · · · · · · · · · · · · · · · ·		431,87		1	436,647
	1			st equal Part VIII, column (A), line 12)		6,847,74			7,365,440
	+		and similar amounts paid (Part IX, co						
	1		paid to or for members (Part IX, co	,			_		
"	1			nefits (Part IX, column (A), lines 5-10)		3,071,28	5		3,067,146
enses	1		ional fundraising fees (Part IX, colum			3,071,20	''		3,007,140
8	1		draising expenses (Part IX, column (D), I	• • •				:	
Ä						2 041 04	_	i	2 106 100
	1		xpenses (Part IX, column (A), lines 1			3,941,04			3,106,180
	1		penses. Add lines 13-17 (must equ	• • • •		7,012,32		-	6,173,326
_ ~	119	Revenue	e less expenses. Subtract line 18 fro	m une 12		-164,58			1,192,114
Net Assets or Fund Balances					Regini	ning of Current Yea	sr	End of Y	ear
a a	20	Total as	sets (Part X, line 16)			10,195,89	1	1	1,873,713
₽¥ PB	l		bilities (Part X, line 26)			1,540,46	+		2,026,177
3 5			ets or fund balances. Subtract line 2	1 from line 20	-	8,655,42			9,847,536
_	rt II		nature Block			0,033,42	· <u>-</u>		5,047,550
				ned this return, including accompanyin	a schedules	and statements.	and to t	he best o	f mv
know	ledge	and beli		Declaration of preparer (other than of					
апу к	nowie	edge.						-	
		****	**			2022-02-11		!	
Sign		Signa	ture of officer			Date			
Here		Janet	R Foote President						
			or print name and title					•	
		1	Print/Type preparer's name	Preparer's signature	Date	Chark D . PTI		· · · · · · · · ·	
Paid	t				2022-02-16	Check Ll if PO(self-employed	0335366		
Pre		er [Firm's name GOLDKLANG GROUP CF	AS PC		Firm's EIN ▶			
Use			Firm's address ▶ 1801 ROBERT FULTON (OR 200	-	Phone no. (703) 39	1-0002		
		- 1				. Hone Ho. (703) 39	1-9003		
			RESTON, VA 20191			l		- No	
			e this return with the preparer show						

1 41	Circulate of Reduited Deficulates	-		
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete		Yes	No No
	Schedule A	2		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian	:		
9	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	-		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😕	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes [']	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	21		No

Yes

1c

orm	990(2020) 1:24-cv-00971-CMH-WEF Document 1-1 Filed 06/06/24 Page 7 of 89 F	Pagel	D# 31	Page 0
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" řesp	onse to	lines
Se	ction A. Governing Body and Management	ļ.,		
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	:		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	⊋.)	
			Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
.1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
.3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
.7	List the states with which a copy of this Form 990 is required to be filed▶			
.8	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			
.9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: The Association 12350 Oakwood Drive Lake Ridge, VA 221921928 (703) 491-2154	ı		

Part VII Compensation of Officers, Dand Independent Contracto	irectors, Tru	men stees	Ke	1 y Er	npl	iled oyee	06 s, i	106/24 Pa	ge 8 of 89 P esated Employ	agelD# 32 7 ees,
Check if Schedule O contains a resp		n anv lii	ne in	this	Par	EVII .				🗖
Section A. Officers, Directors, Truste										<u> </u>
1a Complete this table for all persons required to year.										ganization's tax
 List all of the organization's current officers of compensation. Enter -0- in columns (D), (E), a 	and (F) if no co	mpensa	tion	was	paid	i.				
 List all of the organization's current key em List the organization's five current highest of 										
who received reportable compensation (Box 5 of organization and any related organizations.										
 List all of the organization's former officers, of reportable compensation from the organization 						sated	emp	oloyees who receive	ed more than \$100	,000
• List all of the organization's former directo organization, more than \$10,000 of reportable co	ompensation fro	m the								! :
See instructions for the order in which to list the	•									
L Check this box if neither the organization no	·	rganiza I	ion c			ated a	iny c			(5)
(A) Name and title	(B) Average	Positio	on (d	C) o no		eck m	ore	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list	than o				ss per r and a		compensation from the	compensation from related	amount of other compensation
	any hours		direc				•	organization	organizations	from the
	for related organizations	25	=	Q	XiV	5.∓	T.	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related
	below dotted	Individual trustee or director	Institutional	Officer	<u>ب</u>	Highest compensated employee	Former	14250)	14.50)	organizations
	line)	8 2	를 -	_	employee	\$ ST 0	14			
		7 2	na		evo	3				
		S.	Trustee		₽.	3				
		*	Ţ.	l	ļ	ä				
				L	_	Ě				
(1) Janet Foote	0.00			١,,			1			_
President				×			1		0	0
(2) Michael Butler	0.00						1			
Vice President	***************************************			×			ĺ	0	0	o
(3) Ronald Yoho	0.00			\vdash	\vdash		 			
Treasurer	••••••			×				o	0	o
	0.00				-		├			
(4) Tina Herndon				×				О	o	0
Secretary	0.00			_	_		ļ			
(5) Jason Devers		l x						o	0	o
Member						ļ				
(6) Christopher Berry	0.00	×						٥	0	0
Member		^							•	
(7) Jean Marceau Lohier	0.00									0
Member		×						J	0	U
(8) William Milne	0.00									
Member	**************	×						0	0	0
(9) Ike Mutlu	40.00				\vdash					
General Manager	***************					×		142,666	О	0
	40.00									
(10) Mark Brooks Facilities Director	••••••	:				x		130,421	0	0
(11) Michael Stephens	0.00									
Member	*************	Х						ျ	0	0
				-	 -		_			
					ļ					
	·									
				_	_		-			

Forn	n 990 (202 <u>0) 1 · 24-cv-00971-CV</u> nt VIII Section A. Officers, Direc	<u> H-WEF </u>	OCUN s, Key	<u>1eni</u> Emp	1- loy€	1 ees,	File and	ed C Higl	06/06/24 hest Comper	Pag	<u>je 9 of 89 P</u> d Employees	age (cont	ID# 33 tinued)	Page 8
	(A) Name and title	(B) Average hours per week (list any hours	than d	one b	ox, ι in of	t ch unle ficei	eck mess pers r and a	son	(D) Reportabl compensati from the organizatio	on on	(E) Reportable compensation from related organizations	,	Estim amount comper from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustée	Officer	Key employee	Highest compensated employee	Former	(W-2/1099 MISC))-	(W-2/1099- MISC)		organiza rela organiz	ted
							-							
												-		
				 	-	<u> </u>								·
	Sub-Total		• •		•		•	<u>' </u>						
	Total from continuation sheets to F Total (add lines 1b and 1c) . .	Part VII, Section	A . 		•		•		273,08	7		0		0
2	Total number of individuals (includin of reportable compensation from the			e list	ed a	bove	e) who	rece	eived more tha	n \$10	0,000			
3	Did the organization list any former line 1a? If "Yes," complete Schedule				ey e	mpl:	oyee, (or hi	ghest compens	ated (employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual	s the sum of repons greater than s	ortable (5150,00	comp 0? <i>If</i> •	ensa "Yes	ation ," c	and o	other	compensation	from <i>ich</i>	the	4		No
5	Did any person listed on line 1a rece services rendered to the organization									r indiv •	ridual for	5		No
	ection B. Independent Contrac										+100 000 f	i		<u></u>
<u> </u>	Complete this table for your five high from the organization. Report compe	ensation for the o									's tax year.	npen		
		(A) and business addre	ess						7		(B) ption of services		Compe	nsation
	lie & Sons Trash Elm Farm Rd								irash	Remov	aı			774,654
	er Trigiani								Legal					166,517
	5 Alfred St andria, VA 22314													
	ers Paving Hawkins Dr								Paving					209,707
Mana	nion Paving & Sealing	· · · · · · · · · · · · · · · · · · ·			_				Paving					239,702
	N Brewster Ln Ellville, VA 20132													
Prem	ier Aquatics Old Franconia Road								Pool M	anager	nent			368,960
Alexa	Old Franconia Road Indria, VA 22310 Total number of independent contracto	المراجعة المراجعة المراجعة	not II-	ibood 4	-a +L	000	lietod	abc:	(a) who receive	nd ====	ro than \$100.00	0.55		
	compensation from the organization		. HOU IIIN	nced l	.o tri	use	แอเฮนิ	auov	E) WILL I GEGINE	a ino	ie man \$100,00	,0 UI		

Form 990 (2020) 89°PageID# Case 1 Statement of Revenue Document 1-1 Filed 06/06/24 Check if Schedule O contains a response or note to any line this Part VIII (A) Total revenue (B) Related or (C) Unrelated (D) Revenue exempt business excluded from function revenue tax under sections 512 - 514 revenue 1a Federated campaigns . 1a Similar Amounts Grants b Membership dues . . 6.573.225 **1**b c Fundraising events . . 1c Gifts. d Related organizations 1d e Government grants (contributions) 100,000 1e f All other contributions, gifts, grants, and similar amounts not included above and Other g Noncash contributions included in lines 1a - 1f:\$ 1g h Total. Add lines 1a-1f 6.673.225 **Business Code** 131,41 2a Recreational/Aquatics Programs 713940 Program Service Revenue f All other program service revenue 9 Total. Add lines 2a-2f. ▶ 3 Investment income (including dividends, interest, and other 124,150 124,150 similar amounts) . . . 4 Income from investment of tax-exempt bond proceeds S Royalties (i) Real (ii) Personal 6a Gross rents 86,244 b Less: rental 6b expenses c Rental income 6с 86,244 or (loss) 86,244 d Net rental income or (loss) . . 86,244 (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 7a Less: cost or 7b other basis and sales expenses 7c c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including S Revenue contributions reported on line 1c).
See Part IV, line 18 8a 8b b Less: direct expenses . . . Other c Net income or (loss) from fundraising events . . 9a Gross income from gaming activities. See Part IV, line 19 . . . 9a 9b b Less: direct expenses . . . c Net income or (loss) from gaming activities . . 10aGross sales of inventory, less returns and allowances . b Less: cost of goods sold . . 10b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 531390 189,094 189,094 11aDisclosure Packets 161.309 161.309 d All other revenue . . 0 e Total. Add lines 11a-11d

350,403

7,365,440

568,065

•

12 Total revenue. See instructions

124,150

Check if Schedule O contains a response o	r note to any line in this Part IX			<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organization domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals Part IV, line 22	s. See			
3 Grants and other assistance to foreign organization governments, and foreign individuals. See Part IV, I and 16.			:	
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustee key employees	•	0	273,087	0
6 Compensation not included above, to disqualified p defined under section 4958(f)(1)) and persons desception 4958(c)(3)(B)	cribed in			
7 Other salaries and wages	2,172,001	0	2,172,001	0
8 Pension plan accruals and contributions (include ser (k) and 403(b) employer contributions)	ction 401 74,415	0	74,415	0
9 Other employee benefits	369,882	0	369,882	0
10 Payroll taxes	. 177,761	0	177,761	0
11 Fees for services (non-employees):				
a Management			ī	
b Legal	176,295	0	176,295	0
c Accounting	. 18,750	0	18,750	0
d Lobbying				
e Professional fundraising services. See Part IV, line 1	17			
f Investment management fees			1	
g Other (If line 11g amount exceeds 10% of line 25,	column			
(A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	14,715	0	14,715	0
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	•			
18 Payments of travel or entertainment expenses for a federal, state, or local public officials .	any			-
19 Conferences, conventions, and meetings				
20 Interest				. ,
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,694	32,694	0	0
23 Insurance	230,175	230,175	0	0
24 Other expenses. Itemize expenses not covered abo miscellaneous expenses in line 24e. If line 24e amo exceeds 10% of line 25, column (A) amount, list lin expenses on Schedule O.)	ount			
a Pools	356,890	356,890	0	0
b Grounds & Snow Removal	285,919	285,919	0	0
c Utilities	103,222	103,222	0	0
d Consulting Fees	64,660	64,660	0	0
e All other expenses	1,822,860	1,822,860	0	0
25 Total functional expenses. Add lines 1 through 2	4e 6,173,326	2,896,420	3,276,906	0
26 Joint costs. Complete this line only if the organizar reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ▶ ☐ if following SOP 98-2 (ASC 958-	720).	1		

Form 990 (2020) Page **11**

Pa	art X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part IX			🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		730,957	1	514,123
	2	Savings and temporary cash investments .		9,120,190	2	10,977,755
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	[140,803	4	107,511
	5	Loans and other payables to any current or form key employee, creator or founder, substantial of entity or family member of any of these persons	ontributor, or 35% controlled		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in so			6	
S	7	Notes and loans receivable, net	[7	
Assets	8	Inventories for sale or use			8	
Si	9	Prepaid expenses and deferred charges		119,659	9	222,737
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,045,638			
	ь	Less: accumulated depreciation	10b 995.771	82,562	10c	49,867
	11	Investments—publicly traded securities .			11	I
	12	Investments—other securities. See Part IV, line	11		12	
	13	Investments—program-related. See Part IV, line	:11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,720	15	1,720
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33)	10,195,891	16	11,873,713
	17	Accounts payable and accrued expenses		695,971	17	1,055,272
	18	Grants payable			18	
	19	Deferred revenue		844,498	19	970,905
	20	Tax-exempt bond liabilities			20	
ام	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contrior family member of any of these persons .			22	:
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24 Complete Part X of Schedule D			25	0
	26	Total liabilities. Add lines 17 through 25 .		1,540,469	26	2,026,177
Net Assets or Fund Balances	27	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck here ▶ ☑ and	687,800	27	952,316
ᇒ				7,967,622		<u> </u>
Pun	28	Net assets with donor restrictions Organizations that do not follow FASB ASC	958, check here ▶ ☐ and	7,967,622	28	8,895,220
띠		complete lines 29 through 33.	ļ			
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building or eq			30	
ds s	31	Retained earnings, endowment, accumulated in	come, or other funds		31	
5	32	Total net assets or fund balances	· · · · · · <u> </u>	8,655,422	32	9,847,536
Z	33	Total liabilities and net assets/fund balances .	1	10,195,891	33	11,873,713
						Form 990 (2020)

Form 990 (2020)

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T a	reconciliation of well Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	•	•	2
			1	
-	lotal revenue (must equal Part VIII, column (A), line 12)		٤,/	7,365,440
7	Total expenses (must equal Part IX, column (A), line 25)		6,1	173,326
ო	Revenue less expenses. Subtract line 2 from line 1		1,1	1,192,114
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		8,6	8,655,422
2	Net unrealized gains (losses) on investments			
9	Donated services and use of facilities			
7	Investment expenses			
œ	Prior period adjustments			
0	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10		8'6	9,847,536
Ба	Part XII Financial Statements and Reporting		į	
	Check if Schedule O contains a response or note to any line in this Part XII	•	•	
		۱,	Yes	No
-	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	-	No
	If Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
Þ	Were the organization's financial statements audited by an independent accountant? If Year ' check a how helper to indicate whether the financial statements for the year were audited on a constate basis.	2b \	Yes	
	If res, check a box below to indicate whether the inancial statements for the year were addited on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
O	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c \	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	-		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		N S
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
ŀ		7	000	(000)

Additional Data

Software ID: 20011577

Software Version: EIN: 54-0910640

Name: Lake Ridge Parks and Recreation Association Inc

Form 990 (2020)

Form 990, Part III, Line 4a:

The Association was organized to collectively maintain and preserve the commonly owned property and amenities for the pleasure and benefit of the general public.

Case 1:24-cv-00971-CMH-WEF

Document 1-1

Filed 06/06/24

Page 15 of 89 PageID#

SCHEDULE C (Form 990 or 990-EZ)

efile GRAPHIC print - DO NOT PROCESS Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493047015002

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service

As Filed Data -

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• 5	section 501(c)(3) organizations that	have NOT filed Form 5766 (election un	der section 50 (ii)). Complete Fait II-B. Do I	Tot complete Fait II-A.
		Form 990, Part IV, Line 5 (Proxy Tax) (see separate ir	istructions) or Form 990	-EZ, Part V, line 35c
	xy Tax) (see separate instructions Section 501(c)(4), (5), or (6) organiz				
	ne of the organization	ations, complete rait in.		Employer iden	itification number
Lake	Ridge Parks and Recreation Association	Inc			
				54-0910640	
Pari	I-A Complete if the organ	nization is exempt under section	n 501(c) or is	a section 527 organi	zation.
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political cam	paign activities in	Part IV (see instructions f	or definition of
2	Political campaign activity expend	itures (see instructions)			\$
3	Volunteer hours for political camp	aign activities (see instructions)			
Par	I-B Complete if the organ	nization is exempt under section	n 501(c)(3).		
1		x incurred by the organization under se			\$
2		x incurred by organization managers ur			\$
3		ion 4955 tax, did it file Form 4720 for the			☐ Yes ☐ No
4a					☐ Yes ☐ No
b Patri	If "Yes," describe in Part IV. I-C Complete if the organ	nization is exempt under section	n 501(c), exce	pt section 501(c)(3)	
		ed by the filing organization for section			\$
1		anization's funds contributed to other or			Ψ
2	function activities	anizacion's runus contributed to other or	gamzations for se		\$
3		es. Add lines 1 and 2. Enter here and on			\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments. For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere se (PAC). If additional space is needed,	unt paid from the d to a separate po	filing organization's funds olitical organization, such a	. Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1			×		
2	J				
3					
4	aum ne german an a	A CONTRACTOR OF THE PARTY OF TH			
5					
6					
For P	aperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat.	No. 50084S Schedule C (Form 990 or 990-EZ) 2020
			Suci		

Sch	nedule C (Form 990 or 990-EZ) 2020							Page 2
_	art II-A Complete if the organization is section 501(h)).	exempt	under secti	on 501(c)(3)	and filed	Form 5768 (el	ectio	
A	Check I if the filing organization belongs to a expenses, and share of excess lobbying	n affiliated	d group (and lis litures).	t in Part IV each a	iffiliated gro	oup member's nam	e, ad	dress, EIN,
В	Check ▶ ☐ if the filing organization checked box	A and "lir	mited control" p	rovisions apply.				
	Limits on Lobbyin (The term "expenditures" mean	ng Expe	enditures			(a) Filing organization's totals	(b)	Affiliated group totals
1a	Total lobbying expenditures to influence public opin	ion (grass	roots lobbying)			1	
	Total lobbying expenditures to influence a legislativ						1	
	Total lobbying expenditures (add lines 1a and 1b) .						1	
d	- · · · · · · · · · · · · · · · · · · ·							
	Total exempt purpose expenditures (add lines 1c ar						1	
	Lobbying nontaxable amount. Enter the amount fro columns.	-						
	If the amount on line 1e, column (a) or (b) is:	The lob	bying nontax	able amount is:				
	Not over \$500,000	20% of t	he amount on line	1e.			1	
	Over \$500,000 but not over \$1,000,000	\$100,000	plus 15% of the	excess over \$500,00	0.		il	
	Over \$1,000,000 but not over \$1,500,000	\$175,000	plus 10% of the	excess over \$1,000,0	000.		1	
	Over \$1,500,000 but not over \$17,000,000			xcess over \$1,500,0			i	
	Over \$17,000,000	\$1,000,0						
j	If there is an amount other than zero on either line section 4911 tax for this year?	veragin sectior	g Period Und	der Section 50	1(h)	mplete all of th		Yes 🗌 No ye
	Lobbying Evr	senditur	es During 4.	Year Averagin	a Period	1		
_	Lobbying Exp	Jenarea	cs burning 4		19 7 61 100		Т	
	Calendar year (or fiscal year beginning in)		(a) 2017	(b) 2018	(c) 20:	19 (d) 2020		(e) Total
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))					:		
С	Total lobbying expenditures							
d	Grassroots nontaxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							
					Sch	edule C (Form 9	90 or	· 990-EZ) 2020

Page 3

Complete if the organization is exempt under section 501(c)(3) and has NOT filed

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Form 5768 (election under section 501(h))

Schedule C (Form 990 or 990-EZ) 2020

Part II-B

activity.

Amount 9

Yes No e

Schedule C (Form 990 or 990EZ) 2020		
	Explanation	Return Reference
d group list); Part II-A, lines 1 and 2 (see	Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines instructions), and Part II-B, line 1. Also, complete this part for any additional information.	Provide the descriptions required for linstructions), and Part II-B, line 1. Als
	nformation	Part IV Supplemental Inf
···	Taxable amount of lobbying and political expenditures (see instructions)	Taxable amount of lobbying and
iical 4	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	the organization agree to carryo expenditure next year?
т.	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	Aggregate amount reported in se
		c Total
	Current year	a Current year
olitical	lobbying and political expenditures (do not include amounts of political tion 527(f) tax was paid).	Section 162(e) nondeductible lobbying and political expend expenses for which the section 527(f) tax was paid).
1	Dues, assessments and similar amounts from members	Dues, assessments and similar a
R (b) Part III-A, line 3, is	BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is "	and if either (a) B answered "Yes."
ion 501/c)/E) or section 501/c)/E)	Did the organization agree to carry over lobbying and political expenditures from the prior year?	Did the organization agree to car
2 Yes	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	Did the organization make only i
-	more) dues received nondeductible by members?	Were substantially all (90% or m
ion 501(c)(5), or section	organization is exempt under section 501(c)(4), section 501(c)(5), or section	2 Complete if the or 501(c)(6).
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	d If the filing organization incurred
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	c If "Yes," enter the amount of any
	Did the activities in line 1 cause the organization to be not described in section 501(5)(5)? If "Yes," enter the amount of any tax incurred under section 4912	 b If "Yes," enter the amount of any
		j Total. Add lines 1c through 1i
	Other activities?	i Other activities?
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	_
	their staffs, government officials, or a legislative body?	g Direct contact with legislators, th
	Grants to other organizations for lobbying purposes?	f Grants to other organizations for
	idcast statements?	e Publications, or published or broadcast statements?
	Mailings to members, legislators, or the public?	d Mailings to members, legislators,
		c Media advertisements?
	ude compensation in expenses reported on lines 1c through 1i)?	b Paid staff or management (includ
		a Volunteers?
e use of:	During the year, did the filing organization attempt to influence foreign, national, state of local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	During the year, did the filing org including any attempt to influenc
100	and the same of th	

Part III-B

Part III-A

efile GRAPHIC print/- DOSNOT (PROCESS-P As Filed Data) 1-1

Filed 06/06/24

Page 1949:934930470#5002

OMB No. 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

	ne of the organization				Emp	oloyer identificati	on number
Lake	Ridge Parks and Recreation Association Inc				54-0	910640	
Pa					r Acc	counts.	
	Complete if the organization answered "Y			IV, line 6. sed funds		(h) Eurala and all	
	Tabal number of and of year	(a) Doi	nor advi	sea runas		(b) Funds and other	er accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)					: 	
4	Aggregate value at end of year			to to date door and	1 .!	6d	
5	Did the organization inform all donors and donor advisorganization's property, subject to the organization's e						☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and deharitable purposes and not for the benefit of the dono private benefit?	r or donor advisor	, or for	any other purpose o		ing impermissible	☐ Yes ☐ No
Pai	Conservation Easements. Complete if the organization answered "Yes	es" on Form 990	Dart	IV line 7			
1	Purpose(s) of conservation easements held by the organization						
-		•			la la ba m	خوا هم وهو و مواد ا	4
	Preservation of land for public use (e.g., recreation	on or education)	_			ically important lan	a area
	☐ Protection of natural habitat		لــا	Preservation of a	ertifie	d historic structure	
	☐ Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	a qualified conserv	ation co	ntribution in the for	m of a	conservation Held at the End	d of the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
C	Number of conservation easements on a certified histor	ric structure includ	led in (a)	2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register	uired after 7/25/06	5, and n	ot on a historic	2d		
3	Number of conservation easements modified, transferr tax year ▶	ed, released, extir	nguished	, or terminated by	the or	ganization during th	ie
4	Number of states where property subject to conservati	on easement is lo	ated ►			_	
5	Does the organization have a written policy regarding to and enforcement of the conservation easements it hold	the periodic monitors?	oring, in 	spection, handling	of viola	ations,	□ No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of	violatio	ns, and enforcing co	onserv	1	
7	Amount of expenses incurred in monitoring, inspecting > \$, handling of viola	tions, ar	nd enforcing conser	vation	easements during t	the year
8	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?) above satisfy the	e require	ements of section 1	70(h)(4)(B)(i) Yes	□ No
9	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the	servation easements to the control of the control o	nts in its	revenue and expe		tement, and	□ NO
Par	the organization's accounting for conservation easements Organizations Maintaining Collections	of Art, Histor			er Si	milar Assets.	
1a	Complete if the organization answered "You If the organization elected, as permitted under FASB A	SC 958, not to rep	ort in it	s revenue statemer	nt and	balance sheet work	s of art,
	historical treasures, or other similar assets held for put Part XIII, the text of the footnote to its financial staten	nents that describe	es these	items.			
b	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for put following amounts relating to these items:						
() Revenue included on Form 990, Part VIII, line $f 1$					▶ \$	
(i)Assets included in Form 990, Part X					. ▶\$	
2	If the organization received or held works of art, histor following amounts required to be reported under FASB	rical treasures, or	other sir	milar assets for fina			
а	Revenue included on Form 990, Part VIII, line 1	•				. ▶ \$	
b	Assets included in Form 990, Part X					. > s	

Sche	dule D (Form 990) 2020		43		Ju 00/00		ago 10 0	oo i age	Page 2
Par	t IIII Organizations Maintaining Col								
3	Using the organization's acquisition, accession items (check all that apply):	n, and other	_	k any of t	he following	that are a	significant u	ise of its col	ection
а	Public exhibition		ď	Ш	Loan or exc	hange prog	grams	:	
b	Scholarly research		е		Other				
C	Preservation for future generations							:	
4	Provide a description of the organization's col Part XIII.	lections and	explain how t	hey furth	er the orgar	nization's e	xempt purpo	se in	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to							Yes	□ No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.	ments. vered "Yes"	on Form 99	0, Part :	IV, line 9,	or reporte	ed an amou	int on Forn	n 990, Part
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?							Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII	and complet	e the followin	g table:			А	mount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e		<u> </u>	
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	rm 990, Part	X, line 21, fo	r escrow	or custodial	l account lia	ability?	☐ Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII							_ :	
Pa	art V Endowment Funds.		· · · · · · · · · · · · · · · · · · ·					İ	
	Complete if the organization answ						L(d) There was		Favor van and hands
1 a	Beginning of year balance	(a) Current	year (b)	Prior year	(c) Iwo	years back	(a) Three yea	ars back (e)	Four years back
	Contributions								
	Net investment earnings, gains, and losses							:	
	Grants or scholarships			···-		,			
	Other expenditures for facilities								
Ī	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end	balance (line	1g, colun	nn (a)) held	as:			
а	Board designated or quasi-endowment							i	
b	Permanent endowment -							1	
c	Term endowment ▶								
3a	The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the possess			at are he	ld and admi	inistered fo	r the	1	Yes No
	organization by: (i) Unrelated organizations							3a(i)	163 140
	(ii) Related organizations							3a(ii)	
b	If "Yes" on 3a(ii), are the related organization			nedule R?	·			3b	
4	Describe in Part XIII the intended uses of the		's endowmen	t funds.				:	
Pa	rt VI Land, Buildings, and Equipment Complete if the organization answ		on Form 00	10 Dort	TV line 11	a See Fo	rm 990 Da	rt X⊹line 1	n
	Description of property (a) Cost or oth (investment)	ner basis	(b) Cost or oth						ook value
1a	Land	0			-				0
	Buildings								
	Leasehold improvements							;	
d	Equipment			1,04	5,638		995,771		49,867
	Other								
Tota	al. Add lines 1a through 1e. (Column (d) must o	equal Form 9	90, Part X, co	lumn (B),	, line 10(c).)	>		49,867

	4
	per
	Revenue per A
	FR
	2
D (Form 990) 2020	Reconciliation
Schedule D	Part XI

Stand other Support per audited handla statements 2a 2b 2b 2c 2d 2d 2d 2d 2d 2d 2d		1 3 2e 3 2e 1 1 3 3 5e 3 3 5e 3 5e 3 5e 3 5e 3 5e	7,365,440 7,365,440 7,365,440 6,173,326
A compared to the company of the c	tring of the property of the p		7,365,440 7,365,440 6,173,326
2a 2b 2b 2c 2c 2c 2c 2c 2c		2e	7,365,440 7,365,440 6,173,326
Act Act			7,365,440 7,365,440 6,173,326
1			7,365,440 7,365,440 6,173,326
m line 1		2e	7,365,440 7,365,440 6,173,326
m line 1			7,365,440 7,365,440 6,173,326
The form 990, Part VIII, line 12, but not on line 1:			7,365,440 7,365,440 6,173,326
no Form 990, Part VIII, line 12, but not on line 1: se not included on Form 990, Part VIII, line 7b art XIII.) lines 3 and 4c. (This must equal Form 990, Part I, line 12.) lines 3 and 4c. (This must equal Form 990, Part II, line 12.) attion of Expenses per Audited Financial Statements With Expenses per Return. losses per audited financial statements n line 1 but not on Form 990, Part IX, line 25: at duse of facilities n line 1 but not on Form 990, Part IX, line 25: at AIII.) at XIII.) at XIII.) by art XIII.) at XIII. by art XIII.) credited on Form 990, Part III, line 18. at XIII.) and 4c. (This must equal Form 990, Part II, line 18.) by art XIII.) credited for Part II, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line Returned for Part II, lines 2d and 4d. Also complete this part to provide any additional information.		. 5 4c	6,173,326
4a 4b 4c 4b 4c 4c 4c 4c 4c 4c 4c		. 5 4c	6,173,326
10 10 10 10 10 10 10 10			6,173,326
ation of Expenses per Audited Financial Statements With Expenses per Return. If the organization answered "Yes" on Form 990, Part IV, line 12a. If the organization answered "Yes" on Form 990, Part IV, line 12a. In line 1 but not on Form 990, Part IX, line 25: In line 1 but not on Form 990, Part IX, line 25: In line 1 but not on Form 990, Part IX, line 25: In line 1 but not on Form 990, Part IX, line 25: In line 1 but not on line 1: In line 3 and 4c. (This must equal Form 990, Part II, line 18.) In ental Information Required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 2d and 4b. Also complete this part to provide any additional information. Explanation Explanation Explanation			6,173,326
ation of Expenses per Audited Financial Statements With Expenses per Return. If the organization answered 'Yes' on Form 990, Part II', line 12a. losses per audited financial statements In line 1 but not on Form 990, Part IX, line 25: and use of facilities not included on Form 990, Part IX, line 25: and the statements and the statements and the statements bart XIII.) bart XIII.) and the statements bart XIII.) bart XIII.) cee Explanation Explanation Explanation Explanation Explanation			6,173,326
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and XIII.)		3 Se	6,173,326
In Form 990, Part IX, line 25, but not on line 1: as not included on Form 990, Part VIII, line 7b bart XIII.) capacity of This must equal Form 990, Part I, line 18.) capacity of Part II, lines 3 and 4c. (This must equal Form 990, Part II, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line Part XII, lines 2d and 4b. Also complete this part to provide any additional information capacity of Trians 2d and 4b. Also complete this part to provide any additional information. Explanation	Add lines 2a through 2d	3 Se	6,173,326
m line 1	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	m	6,173,326
as not included on Form 990, Part VIII, line 7b			
as not included on Form 990, Part VIII, line 7b	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
Jart XIII.)			
1 lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		•	
nental Information required for Part II, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Explanation		. 4c	
Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. turn Reference I Data Table	(This must equal Form 990,		6,173,326
required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Explanation			
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see Additional Data Table			
	ditional Data Table		

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Additional Data

Software ID: 20011577

Software Version:

54-0910640 EIN: Lake Ridge Parks and Recreation Association Inc Name:

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Explanation	The Association's policy is to recognize any tax penalties and interest as an expense when incurred. The Association's federal and state tax returns for the past three years remain subject to examination by the Internal Revenue Service and the Commonwealth of Virginia.
Return Reference	Pt X, Line 2

SCHEDULE O (Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Wattanel Betherofigarite and Recreation Association Inc Lake Ridge Parks and Recreation Association Inc 990 Schedule O, Supplemental Information	.Z .yer iden 10640	
ণ্ট্যভুষ্ণাহ্বাতা ks and Recreation Association Inc Iule O, Supplemental Information	Employer identif 54-0910640	OMB No. 1545-0047 And Dection Copen to Public
dule O, Supplemental Information		Employer identification number 81 1 84-0910640
		File
Reference	Explanation	 -86/86
Pt VI, Line 6 The Association has approximately 8,000 residential & com	ntial & commercial unit owners.	24
		Page 24 of 89 PageID#

990 Schedule O, Supplemental Information

Return	Explanation	50
Pt VI, Line 7b	Pt VI, Line 7b Some decisions are subject to member approval.	

990 Schedule O, Supplemental Information

Return Reference

Pt VI, Line 11b

990 Schedule O, Supplemental Information

Return Reference	Explanation	HANN-
Pt VI, Line 2	Pt VI, Line 2 Mr. Ronald Yoho and Mr. William Milne are non-paid members of the Board of Directors of a non-profit, Non-Stock Corporation not associated with the LRPRA and which has no business relationship with the LRPRA.	

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return Reference	Explanation Explanation
Pt VI, Line 19 Ti	These documents are available to members & potential members upon request.

990 Schedule O, Supplemental Information

Return Reference	Explanation	ot 1-1 56
	Capitalization of Reserve Expenditure	Eil

nent 1-	1 File
Explanation	Telephone 30166. 30166. 0. 0.
Return Reference	Form 990, Part IX, Line 24e

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

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Return Reference	Explanation	nent 1- 58
Form 990, Part IX, Line 24e	Postage and Printing 30872. 0. 0.	1 Filed

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return Reference	Explanation	ment 1- 60
Form 990, Part IX, Line 24e	Trash Removal 30685. 30685. 0. 0.	<u>1 Filed</u>

990 Schedule O, Supplemental Information

ment 1	1 Filed
Explanation 19	
	Cleaning and Supplies 16499, 16499, 0. 0.
Return Reference	Form 990, Part IX, Line 24e

990 Schedule O, Supplemental Information

Recreational Programs 37983, 37983, 0.0.

Form 990, Part IX, Line 24e

Return Reference

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

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Return Reference	Explanation 99	nent 1-
Form 990, Part IX, Line 24e	Repairs and Maintenance 14808. 14808. 0. 0.	1 Filed

990 Schedule O, Supplemental Information

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Return Reference	Form 990, Part IX, Line 24e
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990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return Reference	Explanation	nent 1- 67
Form 990, Part IX, Line 24e	Subdivisions Reserve Expenditures 1165925. 1165925. 0. 0.	1 Filed

990 Schedule O, Supplemental Information

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Return Reference	Explanation	nent 1- 68
Form 990, Part IX, Line 24e	Association and Capital Reserve Expenditures 362264. 362264. 0. 0.	1 Filed

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Filed 06/06/24

Papkn:/93498.943004293 D#

OMB No. 1545-0047

Department of the Treasury Internal Re

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	Al-	- 2021 -				ose bogin	ning 00-0	1-202	1 and	andie	a 08-2	1-2022						
			C N	Name of org		ear begin	ning 09-0	1-202	ı , anu	enun	iy vo-3	1-2022		D Emple	ver id	entifi	ication nu	mber
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LI API	piicati	ion pending	-	ć 1 t				()						(703)	491-2	2154		
			lì	City or town Lake Ridge,	, state or pr VA 221921	ovince, count 928	try, and ZIP	or tores	gn postai c	ode								
			┡				**							G Gross			267,840	
				Name an onald Yoho		of principal	officer:					H(a)		a group i	eturn	for		_
			32	248 Cismo	nt Court							١		dinates?	-			s 🗹 No
				ake Ridge,	VA 22192	2						H(b)	includ	l subordin ed?	ates		□Ye	es 🗆 No
I Tax	c-exe	mpt status:	s:	3 501(c)(3)	50:	1(c) (4) ◀(insert no.)		947(a)(1)	or [527		If "No	," attach a	list.	See i	nstruction	1s.
J W	ebsi	te: ► ww	ww.la	akeridgeva	.com							H(c)	Group	exemptio	n nun	nber	>	
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K Form	n of o	rganization	ın: 🗹	Z Corporati	on 🗆 Tru	st 🗆 Assoc	nation 🔲 (Other 🕨				L Year	of forma	tion: 1972	M s	State (of legal don	nicile: VA
Pa	irt I	Sum																
						mission or	most sign	ificant	activities	:								
93		Maintenai	ince c	of commo	ny owned	property												
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Š	_				-	ization disc				•	sed of n	nore tha	n 25%	of its net	asset		ı	
3	3	Number	r of v	oting men	ibers of th	e governing	g body (Pa	trt VI, li	ne la) .	•	• •					3		9
20 √	4	Number	r of in	ndependen	it voting m	embers of	the govern	ning bo	dy (Part \	/I, line	1b) .		•	•		4		9
Activities & Governance	5	Total nu	ımbeı	er of individ	lqmə alsut	oyed in cal	endar year	2021	(Part V, li	ne 2a)		•	•		5	L	63
\$	6	Total nu	ımbei	er of volunt	ceers (estir	mate if nec	essary) .	•						•		6		9
Ą	7a	Total uni	relat	ted busine	ss revenue	from Part	VIII, colum	ın (C),	line 12							7a		0
	ь	Net unre	elated	d business	taxable ir	come from	Form 990	-T, Par	t I, line 1	1 .						7b		0
									<u> </u>				Pri	or Year			Current	Year
	8	Contribu	utions	e and gran	ste (Part VI	ll, line 1h)								6,673	225			6,722,387
흎				=	•						•							
Ravenue		-			•	II, line 2g)									,418			427,936
å				•	•	umn (A), lii					•	ļ			,150			79,426
				•		(A), lines 5						<u> </u>			,647			1,038,091
	_					gh 11 (mus					e 12)			7,365	,440			8,267,840
	13	Grants a	and s	similar amo	ounts paid	(Part IX, co	olumn (A),	lines 1	3).	• •								0
	14	Benefits	s paid	d to or for	members ((Part IX, col	lumn (A), l	line 4)			•			·				0
æ	15	Salaries,	, oth	ier comper	isation, en	nployee ber	nefits (Part	IX, col	lumn (A),	lines	5-10)			3,067	,146			3,104,235
Se l	16a	a Professio	ional	l fundraisin	ıg fees (Pa	rt IX, colum	ın (A), line	11e)										0
Expenses	ь	b Total fundraising expenses (Part IX, column (D), line 25) ▶0																
చ	17	Other ex	xpens	ses (Part I	X, column	(A), lines 1	1a-11d, 1	1f-24e	2)					3,106	,180			4,693,069
						(must equa				25)				6,173				7,797,304
						line 18 fro								1,192			-	470,536
<u>_ v</u>		TC TC TOC	C 1033	3 CAPCI-5C					•	•	•	Red	innina	of Current	_		End of Y	
Net Assets or Fund Balances												509						
s e	20	Total ass	sets	(Part X, lir	ne 16) .									11,873	,713		1	1,950,528
ŽΨ	21	Total liab	bilitie	es (Part X.	line 26)									2,026	.177			1,601,166
Şã					-	tract line 2		20 .						9,847			1	0,349,362
Þэ	rt II			ıre Block										· · · · · · · · · · · · · · · · · · ·				
						ave exami	ned this re	turn, ir	ncluding a	accom	panying	schedu	es and	statemen	ts, an	d to	the best o	of my
			ief, it	t is true, co	orrect, and	l complete.	Declaratio	n of pr	eparer (o	ther t	han offic	er) is b	ased o	n all inforr	nation	of w	hich prep	parer has
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					RESTON, V	A 20191							╧					
May t	he IR	25 discuss	e this	s return wi	ith the pre	parer show	n above? (see in	tructions							[7] v	es 🗆 No	

Б	Part III	Statement of Program Service Accomplishments	ce Accomplish	ments		
		Check if Schedule O contains a response or note to any line in this Part III	onse or note to ar	y line in this Part III .		
-	Briefly	Briefly describe the organization's mission:				
Maint	enance	Maintenance of commonly owned property				
7	the pri	Did the organization undertake any significant program services during the year which were not listed the prior Form 990 or 990-E2?	ant program servi	ices during the year wh	iich were not listed on	□ Yes ☑ No
	If "Yes,	If "Yes," describe these new services on Schedule O.				
m	Did the	Did the organization cease conducting, or make significant changes in how it conducts, any program	nake significant ch	nanges in how it condu	cts, any program	[
	services? If "Yes," o	escribe these changes on Sched	oelu			∐Yes ✓ No
4	Descrit Sectior expens	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	e accomplishment ons are required t igram service rep	s for each of its three I to report the amount of orted.	argest program services, as mea f grants and allocations to others	sured by expenses. the total
4 a	(Code: See Ado	(Code:) (Expenses \$ See Additional Data	4,440,077	including grants of \$	0) (Revenue s	8,267,840 }
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$	(
40	(Code:) (Expenses \$		including grants of \$) (Revenue \$	(
4 d	Other progra (Expenses \$	ım services (Describe in Sch	nedule O.) including grants of \$) (Revenue \$	•
4e	Total	Total program service expenses ▶	4,440,077	7		
						(1000) Wall

Form 990 (2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 3	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
l 6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L 7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
.9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV			No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	•	 Yes	∐ No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21			10
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Form 990 (2021)

Part VII Compensation of Officers, D and Independent Contracto	rrectors, i ru rs	stees,	, K	5 EI	npi	oyee	s, f	ngnest comper	isaleu empidy	
Check if Schedule O contains a resp										<u> 0</u>
Section A. Officers, Directors, Truste										
 1a Complete this table for all persons required to year. List all of the organization's current officers of compensation. Enter -0- in columns (D), (E), and the columns (D), (E), and the columns (D), (E), and the columns (D), (E), and the columns (D). 	s, directors, tru and (F) if no co	stees (v	wheth	ner i was	ndiv paid	iduals I.	or c	organizations), rega	ardless of amount	ganization's tax
 List all of the organization's current key em List the organization's five current highest of who received reportable compensation (box 5 of organization and any related organizations. 	ompensated er	nployee	es (ot	her	thai	n an of	fice	r, director, trustee	or key employee)	,000 from the
 List all of the organization's former officers, of reportable compensation from the organization 	key employees and any relate	i, or hig ed orga	hest nizati	com ions	per	sated	emp	oloyees who receive	ed more than \$100	,000
 List all of the organization's former directo organization, more than S10,000 of reportable considered See the instructions for the order in which to list 	ompensation fro	m the								
Check this box if neither the organization no	r any related o	rganiza	tion c	om;	ens	ated a	ny d	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours	Position than of	on (de	(C o no ox, i) it ch unle fice	eck mess pers	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) Janet Foote	0.00		-				-			!
Secretary	***************************************			х				0	0	; a
(2) William Milne	0.00				-					• • • • • • • • • • • • • • • • • • • •
Treasurer	***************************************			×	L			0	0	O
(3) Michael Butler	0.00			×				0	0	i ·
Vice President				Ĺ					3	
(4) Tina Herndon	0.00	×							0	
Member									0	0
(5) Jack Christoper Bisase Member	0.00	×						o	0	0
(6) John Maher	0.00			\vdash	_					
Member	*************	Х						0	0	0
(7) Mark Hale	0.00									
Member	*************	х						0	o	o
(8) Michele Basham	0.00			_	\vdash	 	<u> </u>			
Member	***************************************	х						o	0	a
	0.00			-		<u> </u>	_			
(9) Ronald Yoho President	***************************************			х				o	0	0
(10) Mark Brooks Facilities Director	40.00					x		128,626	0	5,145
(11) Ike Mutlu	40.00			 	 					
General Manager	***************************************					X		160,447	0	6,418
				L	L					
					Γ		П			

Pa	Section A. Officers, Dire	ctors, Trustee:	s, Key	Emp	loye	es,	and	Higi	nest Com	pensate	ed Employees	(cont	inued)	
	(A) Name and title	(B) Average hours per week (list any hours	Position than to	on (d one b	(C) o not ox, u in off tor/tr	che inles	eck mo	ore son	(D Repor comper from organi) table isation the zation	(E) Reportable compensatio from related organization (W-2/1099	n I	(F) Estima amount o compens from organizati	ited f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/ MISC/10		MISC/1099-NI		relat organiza	ed
												:		
													• • • • • • • • • • • • • • • • • • • •	
				ļ										
				 				-				-		
				ļ										
С	Sub-Total						P		28	39.073		0		11,56
2		ng but not limited	to thos			bove	e) who	rec			00,000			
3	Did the organization list any forme	r officer director	or trust	k	ev er	mal	0.000	or hi	ahest com	nensated	employee on		Yes	No
3	line 1a? If "Yes," complete Schedule	: I for such indivi	dual .	•	•	•		•				3		No
4	For any individual listed on line 1a, organization and related organization individual	is the sum of repons greater than s	ortable \$150,00	comp 0? <i>If</i>	ensa <i>"Yes,</i>	tion," co	and o	othei te So	r compensa chedule J f	ation fron or such	n the	4	Yes	
5	= / /		•						•		ividual for	5		No
	ection B. Independent Contra			those listed above) who received more than \$100,000 Trustee, key employee, or highest compensated employee on or or or or or or or or or or or or or										
<u> </u>	from the organization. Report comp	ensation for the	ed indep calendai	ende r year	nt co r endi	ntra ing	with o	tnat r wit	received r	nore thar ganization	n's tax year.	mpen		
		(A) and business addr	ess								ription of services			sation
	osal Services LLC								Ţ	rash Remo	val	i		777,689
Dum	56 Colonial Port Rd fries, VA 22026								<u> </u>	1				175 202
112	er Trigiani S Alfred St									egai				170,283
	andria, VA 22314 hers Paving		_						P	aving				228,202
	9 Hawkins Dr assas, VA 20109													
Pro-I									P	aving				460,874
Ster	53 Stonetree Ct ling, VA 20166 nier Aquatics								P	ool Manage	ement			494,009
6184	4 Old Franconia Road andria, VA 22310									.		<u>:</u>		
2	Total number of independent contract compensation from the organization		t not lim	nited	to the	ose	listed	abo	ve) who re	ceived m	ore than \$100,0	00 of		

Case 1 Form/990 (2021) 071 CMH WE Document 1 1 Filed 06/06/24 Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) (A) Total revenue Revenue excluded from business exempt function revenue tax under sections 512 - 514 revenue 1a Federated campaigns . 1a Grants 6,722,387 **b** Membership dues . . 1b c Fundraising events . . 1c Gifts. d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f **Business Code** 427.93 2a Recreational/Aquatics Programs 713940 Program Service Revenue c f All other program service revenue. g Total. Add lines 2a-2f. ▶ 427.936 3 Investment income (including dividends, interest, and other 79,426 79,426 similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents 6a 48,184 b Less: rental 6b expenses c Rental income 60 48.184 or (loss) 48,184 48,184 d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 7a Less: cost or other basis and 7b sales expenses c Gain or (loss) d Net gain or (loss) . . . 8a Gross income from fundraising events Other Revenue (not including s contributions reported on line 1c). See Part IV, line 18 . . 8a 8ь **b** Less: direct expenses . . . c Net income or (loss) from fundraising events . . 9a Gross income from gaming activities. See Part IV, line 19 . . . **b** Less: direct expenses . . . 9b c Net income or (loss) from gaming activities \blacktriangleright 10aGross sales of inventory, less returns and allowances . . 10a 10b b Less: cost of goods sold . . c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 159,154 159.154 11aDisclosure Packets 531390 602,355 602,355 531390 b PPP Loan Proceeds

228,398

989,907

8,267,840

d All other revenue .

e Total. Add lines 11a-11d . . .

12 Total revenue. See instructions

228,398

1,466,027

79,426

Part IX Statement of Functional Expenses

78

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . (D) (B) (C) Do not include amounts reported on lines 6b, (A) Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 4 Benefits paid to or for members 289,073 289,073 5 Compensation of current officers, directors, trustees, and 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in 2,202,234 0 2,202,234 0 77.592 0 0 77.592 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) 344,202 n 344,202 a 9 Other employee benefits . . 10 Payroll taxes 191,134 0 191,134 0 11 Fees for services (non-employees): a Management . . . 218,303 0 218,303 0 b Legal 19,750 0 19,750 0 c Accounting . e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 14,939 14.939 0 12 Advertising and promotion . . . 13 Office expenses . . . 14 Information technology . . . 15 Royalties . 16 Occupancy . . . 17 Travel . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 19 Conferences, conventions, and meetings **20** Interest 21 Payments to affiliates 28,145 28.145 0 0 22 Depreciation, depletion, and amortization . 220.644 220,644 0 0 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 455.642 0 Λ 455,642 a Pools 363,176 363,176 0 0 b Grounds and Trees 112,960 112,960 o 0 c Utilities 0 149,753 149.753 o d Consulting, IT and Software e All other expenses 3.109.757 3.109.757 0 0 4,440,077 a 7,797,304 3,357,227 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

Form 990 (2021) Page **11**

Check if Schedule Q Contains a response or note to any line in this Part IX Cash-non-interest-bearing 1	Pa	art X	Balance Sheet				_
1 Cash-non-interest-bearing 514,123 1 1072,834 2 Savings and temporary cash investments 10,977,775 2 10,521,324 3 Pledges and grants receivable, net 10,377,775 2 10,521,324 4 Accounts receivable, net 107,511 4 100,391 5 Loans and other receivables from own quarters of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons 5 5 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(6) 6 6 Royald (as a section 4958(r)(1)), and persons described in section 4958(r)(3)(6) 6 7 Notes and loans receivable, net 7 10a			Check if Schedule O contains a response or not	e to any line in this Part IX		• •	
2 Savings and temporary cash investments							
Piedges and grants receivable, net 107.511 4 108.391		1	Cash-non-interest-bearing		514,123	1	1,072,834
10		2	Savings and temporary cash investments .	[10,977,755	2	10,521,324
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		3	Pledges and grants receivable, net			3	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(6). Notes and loans recelvable, net		4	Accounts receivable, net		107,511	4	106,391
Section 4986/(11), and persons described in section 4958(c)(3)(8). 7 7		5	trustee, key employee, creator or founder, subs	tantial contributor, or 35%		5	
8 Inventories for sale or use 9 Prepaid expenses and deferred charges 222,737 9 190,967 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Investments—publicly traded securities 1 11		6	Loans and other receivables from other disqualit	fied persons (as defined under		6	
8 Inventories for sale or use 8	S	7	Notes and loans receivable, net			7	
10	et	8		-		8	-
10	SS	9	Prepaid expenses and deferred charges		222,737	9	196,967
b Less: accumulated depreciation 10b 1,023,916 49,867 10c 53,012 11	ď	10a	Land, buildings, and equipment: cost or other	1,076,928			
11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 Investments—order securities. See Part IV, line 11 13 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 1720 15 Other assets. See Part IV, line 11 1720 15 Other assets. See Part IV, line 11 1720 15 Other assets. See Part IV, line 11 1720 15 Other assets. Add lines 1 through 15 (must equal line 33) 11,873,713 16 11,950,528 18 Other assets see Part IV, line 11 1,050,528 Intendice Intend		ь	•	10b 1,023,916	49,867	10c	53,012
13 Investments—program-related. See Part IV, line 11		11	•			11	
13 Investments—program-related. See Part IV, line 11		12	Investments—other securities. See Part IV. line	₁₁		12	
14 Intangible assets 14 14 1,720 15 0 0 1,720 15 0 0 1,720 15 0 0 1,720 15 0 0 1,720 15 0 0 1,720 15 0 0 1,720 15 0 0 1,720 15 0 0 1,720 15 0 1,720 15 0 0 1,720 15 0 0 1,720 15 0 1,720 1,720 15 0 1,720			,	 		13	
15 Other assets. See Part IV, line 11			· •	 -		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)			•	 	1.720		0
17 Accounts payable and accrued expenses 1.055,272 17 591,684 18 Grants payable				<u> </u>			11 950 528
18 Grants payable 18 18							
19 Deferred revenue 970,905 19 1,009,482			, ,	· · · ·	1,000,272		331,334
Tax-exempt bond liabilities			• •	-	970 905		1 009 482
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				· ·	0,000		1,000,102
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			·	Port IV of Schodulo D			
24 Unsecured notes and loans payable to unrelated third parties	es			<u> -</u>		-21	-
24 Unsecured notes and loans payable to unrelated third parties	abiliti	22	employee, creator or founder, substantial contri	butor, or 35% controlled entity		22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 .	\exists	23	Secured mortgages and notes payable to unrela	ted third parties		23	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable to unrelated	third parties		24	
26 Total liabilities. Add lines 17 through 25			Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24	ayables to related third parties,		25	
30 Paid-in or capital surplus, or land, building or equipment fund 30 31 31 31 32 32 33 34 35 35 36 36 37 38 39 39 39 39 39 39 39		26	Total liabilities. Add lines 17 through 25 .	. [2,026,177	26	1,601,166
30 Paid-in or capital surplus, or land, building or equipment fund 30 31 31 31 32 32 33 34 35 35 36 36 37 38 39 39 39 39 39 39 39	lances	27	complete lines 27, 28, 32, and 33.	eck here ▶ ☑ and	952,316	27	1,045,237
30 Paid-in or capital surplus, or land, building or equipment fund 30 31 31 31 32 32 33 34 35 35 36 36 37 38 39 39 39 39 39 39 39	E B						
30 Paid-in or capital surplus, or land, building or equipment fund 30 31 31 31 32 32 33 34 35 35 36 36 37 38 39 39 39 39 39 39 39	Fund	20	Organizations that do not follow FASB ASC	958, check here ▶ ☐ and			0,001,120
30 Paid-in or capital surplus, or land, building or equipment fund 30 31 31 31 32 32 33 34 35 35 36 36 37 38 39 39 39 39 39 39 39		29				29	
	2			 -			!
	Se						
	AS		•		9 847 536		10 349 362
	let et						
	_		i otal nabilities and het assets/fund balances .		11,013,113	33	

	1
21)	
(2021	
$\stackrel{\sim}{\sim}$	1

Pa	Part XI Reconcilliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	•		>
+1	Total revenue (must equal Part VIII, column (A), line 12)		8	8,267,840
7	Total expenses (must equal Part IX, column (A), line 25)			7,797,304
m	Revenue less expenses. Subtract line 2 from line 1			470,536
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		6	9,847,536
Ŋ	Net unrealized gains (losses) on investments			
9	Donated services and use of facilities			
7	Investment expenses			
œ	Prior period adjustments			
0	Other changes in net assets or fund balances (explain in Schedule O)			31,290
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10		10,	,349,362
Ба	Part XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	•	•	
			Yes	No
=	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on			•
	Schedule U. Ware the organization's financial statements compiled or reviewed by an independent accountant?			
	If Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	1		
	Separate basis Consolidated basis Both consolidated and separate basis			
Q	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,	2b	Yes	
	indexed basis, or both:	- 144		
	Separate basis Consolidated basis Description of the consolidated basis			
O	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	20	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	o.	-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Š
9	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	36		
			Form 99	Form 990 (2021)

Additional Data

21013422 Software ID:

Software Version:

54-0910640 EIN: Lake Ridge Parks and Recreation Association Inc Name:

Form 990 (2021)

Form 990, Part III, Line 4a:

The Association was organized to collectively maintain and preserve the commonly owned property and amenities for the pleasure and benefit of the general public.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493143004293 OMB No. 1545-0047

	ment of the Treasury Il Revenue Service		the organization is described belo o <u>www.irs.qov/Form990</u> for instr			Open to Public Inspection
Se Se Se Se Se Se Se Se Se Se Se Se Se S	ection 501(c)(3) orgection 501(c) (other control of the control of	ganizations: Con er than section 5 zations: Complet swered "Yes" or rganizations that rganizations that swered "Yes" or rate instructions	n Form 990, Part IV, Line 4, or Form have filed Form 5768 (election under have NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy T	ete Part I-C. rts I-A and C below. 990-EZ, Part VI, lir section 501(h)): Counder section 501(h	Do not complete Part I-B. ne 47 (Lobbying Activities mplete Part II-A. Do not co)): Complete Part II-B. Do re	s), then emplete Part II-B. not complete Part II-A.
Nan	ne of the organizate Ridge Parks and Rec	ion			Employer iden 54-0910640	tification number
Pari	I-A Complet	te if the orga	nization is exempt under sect	ion 501(c) or is		zation.
1	Provide a descript "political campaig	tion of the organ	ization's direct and indirect political co	ampaign activities ir	n Part IV. See instructions f	
2			itures. See instructions			\$
3			aign activities. See instructions nization is exempt under sect			
	•		ix incurred by the organization under			\$
1 2			ex incurred by organization managers			\$
3		- 5	tion 4955 tax, did it file Form 4720 for			☐ Yes ☐ No
4a	Was a correction	made?				Yes No
	If "Yes," describe			in = F01(a) =		
	•		nization is exempt under sect			
1 2	Enter the amount	of the filing org	ed by the filing organization for sectic anization's funds contributed to other	organizations for se	ection 527 exempt	\$
3	Total exempt fund	ction expenditure	es. Add lines 1 and 2. Enter here and	on Form 1120-POL,	line 17b ▶	\$
4	Did the filing orga	anization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization mad of political contrib	e payments. For outions received	employer identification number (EIN) each organization listed, enter the ar that were promptly and directly delive ee (PAC). If additional space is needed	mount paid from the ered to a separate p	filing organization's funds. olitical organization, such a	. Also enter the amount
	(a) Nam	е	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
L						
2						
3						
1	***************************************					
5						
	A CONTRACTOR OF THE PARTY OF TH					

Cat. No. 50084S

Sch	<u>edule</u>	C (F	Form 990) 2021					-			Page 2
P	art I	I-A	Complete if the organization is section 501(h)).	exemp	t under secti	on 501(c)(3)	and filed	Form 5	768 (el	ection	under
A	Chec	k ▶	if the filing organization belongs to an expenses, and share of excess lobbyin			in Part IV each a	affiliated gro	up memi	per's name	e, addr	ess, EIN,
В	Chec	k ▶	lacksquare If the filing organization checked box	A and "I	imited control" p	rovisions apply.					
			Limits on Lobbyin (The term "expenditures" mean			ırred.)		organi	Filing zation's tals	(b) A	Affiliated group totals
1a	Tota	l lob	bying expenditures to influence public opini	on (gras	s roots lobbying)					
b	Tota	l lob	bying expenditures to influence a legislative	body (direct lobbying) .						
C			bying expenditures (add lines 1a and 1b) \dots							ļ	
d			empt purpose expenditures							ļ	
e	Tota	l exe	empt purpose expenditures (add lines 1c an	d 1d)		••••••				-	
f	colu	mns			_						
	If t	he a	mount on line 1e, column (a) or (b) is:	The lo	bbying nontaxa	ble amount is:					
	Not -	over:	\$500,000	20% of	the amount on line	1e.					
	Ove	\$50	0,000 but not over \$1,000,000	\$100,00	00 plus 15% of the (excess over \$500,00	0.				
	Over	\$1,0	00,000 but not over \$1,500,000	\$175,00	00 plus 10% of the	excess over \$1,000,	000.				
	Over	\$1,5	00,000 but not over \$17,000,000	\$225,00	00 plus 5% of the ex	cess over \$1,500,0	00.				
	Over	\$17,	000,000	\$1,000,	000.						
j 	If th	ere i ion 4	(Some organizations that made a	veragii sectio	ng Period Und n 501(h) eled	ter Section 50)1(h) ave to co	nplete			es 🗆 No
			columns below. See t								
			Eoobying Exp	Cildica	les burning 4	Tear Averagii	ig i citou		i		
			Calendar year (or fiscal year beginning in)		(a) 2018	(b) 2019	(c) 202	20	(d) 2021		(e) Total
<u>2a</u>	Lot	byin	g nontaxable amount						· · · · · i		
b	Lob (15	byin 0%	g ceiling amount of line 2a, column(e))								
_c	Tot	al lo	bbying expenditures								
d	Gra	ssro	ots nontaxable amount						:		
е 			ots ceiling amount of line 2d, column (e))								
f	Gra	ssro	ots lobbying expenditures							5 (5-	000\ 2021
								5	спедије	u (ror	m 990) 2021

2c 3

Page 3

	Partics Complete if the organization is exempt under section 501(c)(3) and has NOT filed	
	3) and h	
	501(c)(
	section	
	t under	1(h)).
	s exemp	Form 5768 (election under section 501(h)).
	zation i	nder se
	e organi	ection u
021	ete if the	768 (el
)Z (066 m.	Comple	Form 5
Schedule C (Form 990) 2021	Part II-B	

į	4 m - 1 m -	(a)	(p)	
ror e.	ror each l'es l'esponse on lines la through il below, provide in Part IV à detailed description or the lobbying			
activity.	5%.	Yes No	Amount	
ᆔ	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
Ø	Volunteers?			
Ф	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Т-	
U	Media advertisements?		•	
7	Mailings to members, legislators, or the public?			
Ð	Publications, or published or broadcast statements?			
Ţ	Grants to other organizations for lobbying purposes?			
6	Direct contact with legislators, their staffs, government officials, or a legislative body?			
£	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
-	Other activities?			
	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
9	If "Yes," enter the amount of any tax incurred under section 4912		Ī	
U	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	-		
v	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section	c)(5), or se	tion	
	301(5)(9).			1

	50.5 (5)(5):			
			Yes No	Š
Were su	Were substantially all (90% or more) dues received nondeductible by members?	-	Yes	
Did the	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	7	Yes	
Did the	Did the organization agree to carry over lobbying and political expenditures from the prior year?	က		S
art III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)	ion 5	01(c)	(9)

:01(c	tion 5 3, is	mplete 1 if eit
	က	3 Did the organization agree to carry over lobbying and political expenditures from the prior year?
res	2 Tes	Z Did tile organization make only in-mouse roppying experimens of \$2,000 or less:

Total

5 Taxat	ble amount of lobbying and political expenditures. See Instructions	2	
Part IV	Supplemental Information		

roup list); Part II-A, lines 1 and 2 (see		Schedule C (Form 990) 2021
for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see Also complete this part for any additional information	Explanation	
Provide the descriptions required for Fine transfer instructions) and Dart II-R line 1. Also	Return Reference	

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Page 6 buni: 8/34930, 6/10/04293

OMB No. 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

	me of the organization e Ridge Parks and Recreation Association Inc		Em	ployer identification number
Lak	e Riage Parks and Recreation Association Inc		54-	0910640
Pa	rt I Organizations Maintaining Donor Advis		or Ac	counts.
	Complete if the organization answered "Ye	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year	(a) Dollor advised rainus		(b) runds and other accounts
2	Aggregate value of contributions to (during year)		+	
3	Aggregate value of grants from (during year)		+	
4	Aggregate value at end of year			
	Did the organization inform all donors and donor advisor	m in writing that the assets held in donor	advisad	funds are the
5	organization's property, subject to the organization's ex	clusive legal control?		🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpos	an be us e confer	ed only for ring impermissible Yes No
Pa	t II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990. Part IV. line 7.		
1	Purpose(s) of conservation easements held by the organ			
•	Preservation of land for public use (e.g., recreation		an histo	rically important land area
	Protection of natural habitat	· —		ed historic structure
	_		a cerum	ed instance structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.		form of	Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2Ь	
C	Number of conservation easements on a certified historic		2c	
d	Number of conservation easements included in (c) acqui structure listed in the National Register		2d	
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated b	by the or	rganization during the
4	Number of states where property subject to conservation	n easement is located >		_
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ıg of viol	lations,
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conserv	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, and enforcing cons	ervation	easements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		170(h)	(4)(B)(i)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial st	pense st atement	atement, and
Pa	t III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures, or O	ther Si	imilar Assets.
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statements.	C 958, not to report in its revenue staten ic exhibition, education, or research in fu	nent and	balance sheet works of art, e of public service, provide, in
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:	C 958, to report in its revenue statement	and bal	ance sheet works of art, e of public service, provide the
((i) Revenue included on Form 990, Part VIII, line 1			. •\$
	ii)Assets included in Form 990, Part X			
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or other similar assets for fi		
а	Revenue included on Form 990, Part VIII, line 1	_		▶ \$
b	Assets included in Form 990, Part X			
_				· · · · · · · · · · · · · · · · · · ·

Page 2

Schedule D (Form 990) 2021 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): **Public exhibition** Loan or exchange programs Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . . ☐ Yes **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not □ No ☐ Yes **Amount** If "Yes," explain the arrangement in Part XIII and complete the following table: C 1d 1e 1f Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes □ No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year 1a Beginning of year balance . . . **b** Contributions . . c Net investment earnings, gains, and losses d Grants or scholarships . e Other expenditures for facilities and programs . . . f Administrative expenses . g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment ► Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No 3a(i) (i) Unrelated organizations . 3a(ii) (ii) Related organizations . If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3**b Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation Description of property (investment) 0 1a Land **b** Buildings . . . c Leasehold improvements 1.076.928 1,023,916 53,012 d Equipment . . . Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 53.012

	Complete if the organization answered "Yes" on Form 990 (a) Description of security or category (including name of security)), Part IV, (b) Book		rm 990, Part X, (c) Method of va t or end-of-year n	luation:
	(underly using or secure)	value			
	l derivatives				
(A)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(H)					
Part VIII	in (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.	<u> </u>		-	
	Complete if the organization answered 'Yes' on Form 990), Part IV,			
	(a) Description of investment		(b) Book value		od of valuation: f-year market value
(1)			:		
(2)					
(3)	AMORE				
(4)	A Allen and a second a second and				
(5) (6)					
(7)					
(8)					
(9)					
(10)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)				
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990,	<u>▶ </u> . Part IV. I	ine 11d. See For	m 990. Part X. lin	e 15
	(a) Description				(b) Book value
(1)					
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)			>	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	, Part IV, I	ine 11e or 11f.S	ee Form 990, F	art X, line 25.
1.	(a) Description of liabi	ility			(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					

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	Complete if the organization answered 'Yes' on Form 990, Part IV,	990, Part	IV, line 12a	•	 	
-	Total revenue, gains, and other support per audited financial statements	ints	•	•	1	8,267,840
7	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
æ	Net unrealized gains (losses) on investments					
9	Donated services and use of facilities	•	2b		I	
v	Recoveries of prior year grants	•	2c			
ъ	Other (Describe in Part XIII.)	•	7d		<u> </u>	
ø	Add lines 2a through 2d	· ·				
m	Subtract line 2e from line 1	•	•		ĸ	8,267,840
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
æ	Investment expenses not included on Form 990, Part VIII, line 7b .		4a			
q	Other (Describe in Part XIII.)	•	4b			
v	Add lines 4a and 4b	•			- 4	
LC)	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	., line 12.)	•	•	2	8,267,840
Par	Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	l Statement 990, Part IV,	e nts With E IV, line 12a	xpenses per	Return.	
-	Total expenses and losses per audited financial statements	. . .			1	7,797,304
7	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
æ	Donated services and use of facilities	•	2a			
q	Prior year adjustments		2b			
v	Other losses		2c			
7	Other (Describe in Part XIII.)	•	5 d			
ø	Add lines 2a through 2d	' · ·	•			
m	Subtract line 2e from line 1				3	7,797,304
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
Ø	Investment expenses not included on Form 990, Part VIII, line 7b .	•	4a			
Ф	Other (Describe in Part XIII.)	•	4b			
U	Add lines 4a and 4b	•	•		4c	
ß	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	I, line 18.)	•		2	7,797,304
Par	Part XIII Supplemental Information					
Prov XI, I	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	es 1a and 4 to provide	; Part IV, line any additiona		Part V, line 4; Part X, line	t X, line 2; Part
	Return Reference		Explanation	u		
See A	Additional Data Table	i				
					Schedule D	Schedule D (Form 990) 2020

Case 1:24-cv-00971-CMH-WEF	Ρ	ocu	ment 1-1 	Fil	ed 0	6/06/2	4 Page 65 of 89 PageID#
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Schedule D (Form 990) 2020	Part XIII						
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Additional Data

Software ID: 21013422

Software Version:

54-0910640 EIN: Lake Ridge Parks and Recreation Association Inc Name:

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Return Reference	The Association's policy is to recognize any tax penalties and interest as an expense when incurred. The Association's federal and state tax returns for the past three years remain subject to examination by the Internal Revenue Service and the Commonwealth of Virginia.
	The Association's p incurred. The Asso- subject to examina

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DLN: 93493143004293

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization Lake Ridge Parks and Recreation Association Inc **Employer identification number**

54-0910640

Pa	rt I	Questions Regarding Compensation					
						Yes	No
1a	Chec 990,	k the appropiate box(es) if the organization provided a Part VII, Section A, line 1a. Complete Part III to provi	any of ide an	f the following to or for a person listed on Form y relevant information regarding these items.			
		First-class or charter travel		Housing allowance or residence for personal use			
		Travel for companions		Payments for business use of personal residence			
		Tax idemnification and gross-up payments		Health or social club dues or initiation fees			1
		Discretionary spending account		Personal services (e.g., maid, chauffeur, chef)			
b	If an	y of the boxes on Line 1a are checked, did the organiz bursement or provision of all of the expenses describe	ation d abo	follow a written policy regarding payment or	1b		
2	Did t	the organization require substantiation prior to reimbur tors, trustees, officers, including the CEO/Executive D	rsing (irecto	or allowing expenses incurred by all r, regarding the items checked on Line 1a?	2		
3	orga	ate which, if any, of the following the filing organization in the case of the	. Do i	not check any boxes for methods			
	П	Compensation committee		Written employment contract			
	Ħ	Independent compensation consultant		Compensation survey or study			ĺ
	\Box	Form 990 of other organizations		Approval by the board or compensation committee			
4	relat	ed organization:		ection A, line 1a, with respect to the filing organization or a			
а		ive a severance payment or change-of-control paymer			4a		No
Ь		cipate in, or receive payment from, a supplemental no			4b		No
С		cipate in, or receive payment from, an equity-based co			4c		No
	If "Y	es" to any of lines 4a-c, list the persons and provide th	ne app	plicable amounts for each item in Part III.			
	•	, 501(c)(3), 501(c)(4), and 501(c)(29) organization					
5		persons listed on Form 990, Part VII, Section A, line 1a pensation contingent on the revenues of:	a, did	the organization pay or accrue any			
а	The	organization?			5a		No
b	Any	related organization?	٠		5b		No
	If "Y	es," on line 5a or 5b, describe in Part III.					
6		persons listed on Form 990, Part VII, Section A, line 1a pensation contingent on the net earnings of:	, did	the organization pay or accrue any			
а	The	organization?			6a		No
ь		related organization?			6b		No
_		es," on line 6a or 6b, describe in Part III.					
7		persons listed on Form 990, Part VII, Section A, line 1a	a, did	the organization provide any nonfixed			
•	payn	nents not described in lines 5 and 6? If "Yes," describe	in Pa	ort III	7		No
8		e any amounts reported on Form 990, Part VII, paid or ect to the initial contract exception described in Regula					
	•	art III			8		No
_					-		140
9		es" on line 8, did the organization also follow the rebut 958-6(c)?		presumption procedure described in Regulations section	9		

Case 1:24-cv-00971-CMH-WEF Page 2

Document 1-1 92 (F) Compensation in column (B) reported as deferred on prior Schedule J (Form 990) 2021 Form 990 0 0 For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (E) Total of columns (B)(i)-(D) Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed 166,865 0 (D) Nontaxable benefits 0 0 (C) Retirement and other deferred compensation 6,418 0 (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC compensation (iii) Other reportable 0 (ii) Bonus & incentive compensation 0 0 compensation (i) Base 160,447 0 (ii) Ξ (A) Name and Title Part II 1 Ike Muth

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Case 1:24-cv-00971-CM <u>H-</u>	WĘF Do <u>cum</u> e	ent 1-1	Filec	L06/06	24	Page 69 of 89 PageID#
DLN: 93493143004293	2021 Open to Public Inspection	Employer identification number $\frac{S}{S}$ 54-0910640				
	990-EZ stions on ion.	Employer id 54-0910640				1
efile GRAPHIC print - DO NOT PROCESS As Filed Data -	Supplemental Infor Complete to provide inform Form 990 or 990-EZ or Form 990 to www.irs.gov	Name of the organization Lake Ridge Parks and Recreation Association Inc	990 Schedule O, Supplemental Information	Explanation	The Association has approximately 8,000 residential & commercial unit owners.	
efile GRAPHI	SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Name of the orga Lake Ridge Parks an	990 Schedule	Return Reference	Pt VI, Line 6	

990 Schedule O, Supplemental Information

Safarance
Pt VI, Line 7a The members elect the Board of Directors.

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Keturn Reference
The Board of Directors & General Manager review the Form 990.

990 Schedule O, Supplemental Information

. – –	Pt VI, Line 2 Mr. Ronald Yoho and Mr. William Milne are non-paid members of the Board of Directors of a non-profit, Non-Stock Corporation not associated with the LRPRA and which has no business relationship with the LRPRA.

990 Schedule O, Supplemental Information

Return Reference	Explanation	ent 1-1 98
Pt VI, Line 15b	The Association's officers and directors are not compensated.	

990 Schedule O, Supplemental Information

ent 1-1	File
Explanation	The Board of Directors & General Manager review compensation decisions.
Return Reference	Pt VI, Line 15a

990 Schedule O, Supplemental Information

t 1-1 100	<u>Fi</u>
Explanation	Pt VI, Line 19 These documents are available to members & potential members upon request.
Return Reference	Pt VI, Line 19

Page 76 of 89 PageID#

990 Schedule O, Supplemental Information

Docu	ment 1: 10:	<u>-1 Filed</u> 2
990 Schedule O, Supplemental Information	Explanation	Telephone 30083. 0. 0.
990 Sche	Return Reference	Form 990, Part IX, Line 24e

990 Schedule O, Supplemental Information

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Explanation	Postage and Printing 29788. 29788. 0. 0.
	Postage and F
Return Reference	Form 990, Part IX, Line 24e

990 Schedule O, Supplemental Information

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Explanation 60	
	Other Administrative 50677, 50677, 0.0.
Return Reference	Form 990, Part IX, Line 24e

990 Schedule O, Supplemental Information

Trash Removal 793418. 793418. 0. 0.

990 Schedule O, Supplemental Information

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990 Schedule O, Supplemental Information	Explanation Ce	Cleaning and Supplies 21224. 2.0.0.
990 Sche	Return Reference	Form 990, Part IX, Line 24e

990 Schedule O, Supplemental Information

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Explanation	
	Security System/Patrol 49977. 49977. 0. 0.
Return Reference	Form 990, Part IX, Line 24e

990 Schedule O, Supplemental Information

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990 Schedule O, Supplemental Information

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	Repairs and Maintenance 82446. 82446. 0. 0.
Return Reference	Form 990, Part IX, Line 24e

990 Schedule O, Supplemental Information

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990 Schedule O, Supplemental Information	Explanation	Bad Debt 4625. 4625. 0. 0.
990 Sched	Return Reference	Form 990, Part IX, Line 24e

990 Schedule O, Supplemental Information

Return Reference	Explanation	ment 1- 11:
Form 990, Part IX, Line 24e	Subdivisions Reserve Expenditures 1326240. 1326240. 0. 0.	·1 Filed 2

Document 1-1

990 Schedule O, Supplemental Information

nent 1- 11:	1 Filed
Explanation Explanation	Association and Capital Reserve Expenditures 632532. 632532. 0. 0.
Return Reference	Form 990, Part IX, Line 24e